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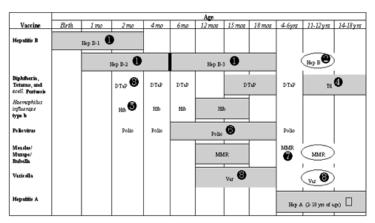
Bulletin No. 2 February 11, 1998 1998 Alaska Immunization Recommendations

Shown below is the Recommended Childhood Immunization Schedule-Alaska, 1998. The official schedule for the United States was approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Providers should consult the official publication (MMWR, Vol. 47, No. 1, January 16, 1998) for detailed recommendations. The **footnotes** shown below (circled numbers, e.g., □) indicate the Section of Epidemiology's recommendations for Alaska immunization providers.

The following schedule modifications/clarifications have occurred since publication of the 1997 recommendations:

- In an *all-IPV* schedule, the **3rd dose of polio** vaccine now may given as young as **6 months of age**. (See Footnote \square for further details.) However, the Alaska Section of Epidemiology continues to recommend an all-OPV schedule for routine
- The 2nd MMR is recommended at 4-6 years of age by the ACIP, AAP, and AAFP. (Previously, the AAP had recommended that this dose be given at 11-12 years of age.)

Recommended Childhood Immunization Schedule - Alaska, 1998



- Range of recommended ages for vaccination. Although the optimal ages for receipt of vaccines are shown above, all vaccines may be given in broader age ranges. For example, as shown in Epidemiology Bulletin 10-40, December 4, 1997, hepathis A, he pathis B, and the 2nd does of MMR maybe given to anythild through 18 was of age who has not considered each vaccine series.

Alaska Section of Epidemiology Notes:

- Hepatitis B The first three doses of hepatitis B vaccine should be given at birth, 1 month, and 6 months of age. The third dose should be administered at least 2 months after the 2nd dose but NOT before 6 months of age.
- \varTheta Hep afitis B For children through 18 years of age who have not received hepatitis B vaccine, three doses should be The first and second doses should be separated by 1 month, and the second and third doses by a minimum of 2 months (typically 5 months).

 SDTaP - The fourth dose of DTaP may be administered as early as 12 months of age provided at least 6 months have
- elapsed since the third dose and if the child is considered unlikely to return at 15-18 months of age.

 Ofd Td (adult) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP,
- DTaP, or diphtheria and terms toxoids. Subsequent routine Tdboosters are recommended every 10 years.

 Hib For the first dose of Hib, use PedVaxHib® if child is <15 months of age or HibTITER® if child is ≥15 months of the Forthe first dose in a child <15 months, HibTITER® should be given.
- ₱ Polio Both Inactivated Polio Vaccine (IPV) and Oral Polio Vaccine (OPV) are licensed in the United States. The Alaska Section of Epidemiology recommends that OPV be used for the entire vaccination series, in which case the Alaska Section of Epidermiology recommends that OPV be used for the entire vaccination series, in which case the third dose of vaccine is recommended at 6 months of age. If the sequential schedule of 2 doses of IPV followed by 2 doses of OPV is used, the third dose is recommended at 12-18 months, but may be given as young as 6 months of age. Only IPV is recommended for use with immunocompromised persons and their household contacts.

 MMIR - The Section of Epidemiology recommends that the second dose of measles/mumps/rubella vaccine be given at 4-6 years of age, though it may be administered during any visit through 18 years of age if the first dose was given on/after the first birthday and at least 1 month has elapsed between doses.

 Variella - At this time, varicella vaccine is not available through the Section of Epidemiology. If vaccine is available to a provider susceptible children may receive variella vaccine during any visit after the 1st birthday.
- available to a provider, susceptible children may receive varicella vaccine during any visit after the 1st birthday. Additionally, children who are unvaccinated and who lack a reliable history of chickenpox should be assessed and vaccinated (if needed) at age 11-12 years. One dose (total) of vaccine is sufficient for any child <13 years of age. Susceptible persons aged ≥13 years should receive two doses at least 1 month apart.
- □ Hepatitis A All children 2-18 years of age should be vaccinated. The second dose should be given at least 6 months after the first dose.